

FILLING OF VACANCY

BOARD OF SUPERVISORS

_____ **CONSERVATION DISTRICT**

**ON _____, 20__ THE BOARD
OF SUPERVISORS OF THE _____
CONSERVATION DISTRICT DID APPOINT:**

NAME: _____
ADDRESS: _____

PHONE: _____

**TO FILL THE VACANCY ON THE BOARD CREATED
BY THE RESIGNATION OF:**

NAME: _____

**THIS APPOINTMENT IS FOR THE DURATION OF THE
UNEXPIRED TERM OF OFFICE, WHICH WILL END ON
DECEMBER 31, 20_____.**

CERTIFIED BY: _____
(CHAIRMAN)

IMMEDIATELY AFTER APPOINTMENT MAIL TO:

**STATE CONSERVATION COMMISSION
333 W. NYE LANE, ROOM #126, CARSON CITY, NV 89706**